

<i>SERFF Tracking Number:</i>	<i>PHXN-125923661</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Hallmark Insurance Company of Texas</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>HO-AR112008OS</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Other Structures Exclusion/HO-AR112008OS</i>		

Filing at a Glance

Company: American Hallmark Insurance Company of Texas

Product Name: Homeowners

SERFF Tr Num: PHXN-125923661 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Co Tr Num: HO-AR112008OS

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Author: Chris Tsakiris

Disposition Date: 01/14/2009

Date Submitted: 01/08/2009

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Other Structures Exclusion

Status of Filing in Domicile: Authorized

Project Number: HO-AR112008OS

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/14/2009

State Status Changed: 01/14/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Hallmark Insurance Company of Texas is submitting for your approval an Other Structures Exclusion Endorsement for use with our Homeowners Program.

Company and Contact

Filing Contact Information

Chris Tsakiris, Underwriting Manager

ctsakiris@phoenixautoins.com

SERFF Tracking Number: PHXN-125923661 State: Arkansas
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Company Tracking Number: HO-AR112008OS
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: Other Structures Exclusion/HO-AR112008OS

14651 Dallas Parkway (800) 486-5616 [Phone]
Dallas, TX 75254

Filing Company Information

American Hallmark Insurance Company of CoCode: 43494 State of Domicile: Texas
Texas
14651 Dallas Parkway Group Code: 3478 Company Type: Property &
Casualty
Suite 400
Dallas, TX 75254 Group Name: Hallmark Insurance State ID Number:
Group
(972) 934-2400 ext. 5762[Phone] FEIN Number: 75-1817901

<i>SERFF Tracking Number:</i>	<i>PHXN-125923661</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Hallmark Insurance Company of Texas</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>HO-AR112008OS</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Other Structures Exclusion/HO-AR112008OS</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: *PHXN-125923661* *State:* *Arkansas*
Filing Company: *American Hallmark Insurance Company of Texas* *State Tracking Number:* *#? \$50*
Company Tracking Number: *HO-AR112008OS*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Other Structures Exclusion/HO-AR112008OS*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/14/2009	01/14/2009

SERFF Tracking Number: *PHXN-125923661* *State:* *Arkansas*
Filing Company: *American Hallmark Insurance Company of Texas* *State Tracking Number:* *#? \$50*
Company Tracking Number: *HO-AR112008OS*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Other Structures Exclusion/HO-AR112008OS*

Disposition

Disposition Date: 01/14/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees.

Rate data does NOT apply to filing.

SERFF Tracking Number: PHXN-125923661 State: Arkansas

Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: #? \$50

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	OTHER STRUCTURES EXCLUSION	Approved	Yes

SERFF Tracking Number: PHXN-125923661 State: Arkansas

Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: #? \$50

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	OTHER STRUCTURES EXCLUSION	HIC 0009	11 08	Endorsement/Amendment/Conditions	New		HIC 0009 11 08- OTHER STRUCTURES EXCLUSION .pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OTHER STRUCTURES EXCLUSION

FOR USE WITH FORMS HO 00 02 AND HO 00 03

Description Of Excluded Structure(s)

* Entries may be left blank if shown elsewhere in this policy for this coverage.

Under SECTION I- PROPERTY COVERAGES, Coverage B – Other Structures, there is no coverage provided for the Other Structures listed on this endorsement.

SERFF Tracking Number: PHXN-125923661 State: Arkansas
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Company Tracking Number: HO-AR112008OS
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/14/2009

Comments:

Attachment:

AR HO OS.pdf

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	American Hallmark Insurance Company of Texas				Group NAIC #	3478-43494
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
American Hallmark Insurance Co of Texas	TX	3478-43494	75-1817901			

5. Company Tracking Number	HO-AR1120080S
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Chris Tsakiris P.O. Box 250209 Plano, Texas 75025	Underwriting Manager	800-486-5616, Ext. 5761	(972) 788-0520	ctsakiris@hallmarkinsco.com
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Other Structures Exclusion
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: on approval Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	01/09/2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	HO-AR112008OS
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Hallmark Insurance Company of Texas is submitting for your approval an Other Structures Exclusion Endorsement for use with our Homeowners Program.

View Complete Filing Description

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
 Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #		HO-AR112008OS			
3. This filing corresponds to rate/rule filing number					
	Description/Synopsis	Include edition date	Or withdrawn?	give form # it replaces	filing number, if required by state
01	Other Structures Exclusion	HIC 0009 11 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

